

PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 021199-000100US
	In re Application of William Pollack	
	Application Number 09/680,862	Filed September 13, 2000
	For METHOD OF MANUFACTURING IMMUNE GLOBULIN	
	Art Unit 1845	Examiner V. Ford
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$420 <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 51,868 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
<u>3/18/04</u>		<u>Beth L. Kelly</u>
Date		Signature
<u>Beth L. Kelly, Reg. No. 51,868</u>		
Typed or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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